

NAME (Optional): \_\_\_\_\_

CONTACT INFORMATION (Optional): \_\_\_\_\_

**STATION #3: MOBILITY**

1) What streets in the study area do you use the most frequently?

2) What streets/intersections would you like to see improvements to travel by:

a) Walking?

b) Biking?

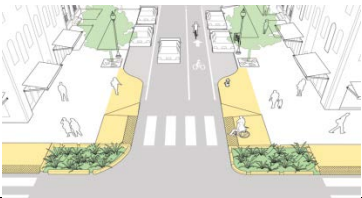

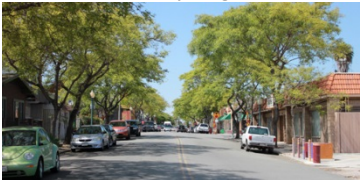


c) Car?

3) Are there any physical improvements around the Lemon Grove Trolley Depot and/or bus stops that you would like to see?

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4) In your opinion, which of the following would do the most to improve walkability along Broadway?

TREATMENT	Very Interested	Somewhat Interested	Not Interested
<i>Slow traffic</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Expanded sidewalks</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>More landscaping (street trees, plants, etc.)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Site amenities (benches, trash bins, etc.)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Better signage to destinations</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have other ideas? Please specify.